Sustainable Sex Trafficking Education for Healthcare Professionals

A DOCTOR OF NURSING PRACTICE PROJECT SUBMITTED TO THE OFFICE OF GRADUATE EDUCATION OF THE UNIVERSITY OF HAWAIʻI AT M Ā NOA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF NURSING PRACTICE

April 2019

Chanel K. Paresa

Committee:

Maureen Shannon, Chair

Christine Loui

Jackie Ng-Osorio

Table of Contents

Sustainable Sex Trafficking Education for Healthcare Professionals: Background 3

Description of the Problem 5
Literature Synthesis 6
Literature Search 6
Application to DNP Project 7
Conceptual Framework **7**
PICO **7**
Purpose/Goal/Aims **7**
Methods and Procedures **7**
Project Design 7
Human Subjects Consideration 8
Sampling Plan 8
Data Collection Procedures 8
Evaluation and Results **9**
Implementation 10
Results 10
Errors 8
Discussion and Conclusion **11**

Abstract

Commercial sexual exploitation and sex trafficking of youth and adolescents is a severe form of child abuse and an important health issue. The interface between trafficking victims and the healthcare setting is an opportunity for the victims to be identified so that they can receive the care that they need. However, it has been apparent that healthcare professionals require training about human and sex trafficking, including its health implications, in order to identify and treat a victim of sexual exploitation. Although many healthcare organizations are adapting curricula for such trainings, methods and content of education programs vary widely and none currently exist in Hawai'i. In order to address this gap, a pilot educational program about human sex trafficking was implemented at Kahi Mohala Behavioral Health Hospital on Ō'ahu. Initially, an optional self-study module was offered to the staff as well as an annual online training module with the goal of increasing staff's awareness of the sex trafficking epidemic and provide information about how to identify victims of sex trafficking. Post-tests were conducted subsequent to the live training to document whether an increase in awareness on the part of the staff was achieved.

Keywords: sex trafficking education, healthcare professional training, commercial exploitation of children (CSEC)

Sustainable Sex Trafficking Education for Healthcare Professionals

Sex trafficking affects many individuals worldwide including the victims, their families and those who assist in their care. Both youth and adults are victims of sex trafficking, however, the majority of those sex trafficked are minors under the age of 18 years (McMahon-Howard & Reimers, 2013). These youth are often unable to defend their rights or are too young to realize the dangers and consequences of engaging in this lifestyle. Commercial sexual exploitation of children (CSEC) has recently been recognized as a priority for many healthcare organizations because healthcare professionals can have the greatest impact in helping the victims (McMahon-Howard & Reimers, 2013). Physicians, advanced practice registered nurses (APRNs), clinical therapists, social workers, case managers, and other healthcare professionals play an important role in the identification and care of sex trafficked victims and witness first-hand the effects of this pandemic (Bespalova, Morgan, & Coverdale, 2016).

The International Justice Mission (IJM, 2016) defines sex trafficking as a modern day form of slavery where a person deceives or coerces another into commercial sexual exploitation for profit. In many situations, very young youth including infants, can be sexually exploited. This problem does not discriminate based on gender, physical characteristics, or background. The instability of parental relationships, or any type of relationship, creates opportunities for traffickers or predators to reach out and "bond" with such vulnerable youth. Subsequently, this relationship with the traffickers is used to engage the child in sexual activities. Vulnerable groups particularly at risk for buying into the "perks" of sex trafficking are homeless and lesbian, gay, bisexual, transgender, and queer (LGBTQ) youths (Thorn, 2017). Studies report that 50%-90% of child sex trafficking victims are or have been in the child welfare system (Arch of Hope for Children, 2017).

The global sex trafficking industry generates about $150 billion dollars a year (IJM, 2016). Of the 4.5 million human trafficking victims who are sexually exploited internationally, approximately two million are youth. In the United States (US), there are reports of approximately 14,500 to 17,500 victims trafficked across the country. Up to 300,000 youth are being lured and trafficked in the sex trade annually, with the average age of the victims being between 12 and 14 years (Arch of Hope for Children, 2017). The IMUAlliance, a nonpartisan political action group in Hawai‘i that fights against issues such as sex trafficking, estimates that $625 million a year is spent on prostitution and other forms of sexual exploitation in Hawai‘i (Riker, 2015). In addition, 54% percent of all sex workers are underage and use sex trafficking as survival sex, meaning that they use sex to trade for food and shelter (Riker, 2015).

Description of Problem

Kahi Mohala, located in ‘Ewa Beach, Hawai‘i, is a behavioral health residential and acute care hospital that is a part of the privately owned Sutter Health System. It provides care for patients two years of age and older (Crow, 2017). Currently, there is no educational program to train the Kahi Mohala healthcare professionals so that they can identify and provide appropriate care to sex trafficking victims. This proves to be a knowledge-focused trigger for this DNP project, as the healthcare professionals are not familiar with the topic of sex trafficking and, therefore, do not know how to properly identify and treat these victims. Additionally, sex trafficking statistics at Kahi Mohala have not been compiled, so the extent of the problem at that facility is unknown.

Literature Synthesis

Literature Search

An electronic search was conducted using PubMed and CINAHL with terms "sex trafficking" combined with "education", "screening", and "healthcare professionals" and was then narrowed to within the past 10 years. The search was further narrowed by using the inclusion terms of "emergency departments", "outpatient", "residential care facility", "acute care", and exclusion terms of "magazine articles", "home health", and "home care". Additional inclusion criteria were used to identify national and Hawai'i articles focusing on youth, minors, and young adults, without gender specification. Articles providing screening tools, questions, and algorithms used to screen for sex trafficked victims were also sought. The search resulted in 108 published articles, which were then reduced to 18 based on previously stated inclusion and criteria.

The Melnyk system was used to organize each article based on the level of evidence. This system categorizes the levels of evidence on methodological quality, validity, design, and applicability to patient care (Melnyk, 2011). This system provided an appropriate and adequate breakdown of the articles' validity and assisted in organizing the literature. As a result, subconcepts were developed to further organize and help synthesize the literature to provide evidence to support the need for this DNP project. The five sub-concepts that emerged were: 1) sex trafficking; 2) sex trafficking in the emergency department; 3) mental health and sex trafficking; 4) screening and the role of the provider and; 5) interventions for sex trafficked victims. Additional details about each of these sub-concepts are presented in Appendix B.

Application to DNP Project

The literature searches resulted in articles focusing on human sex trafficking from US and international articles projects and research. Articles specific to human sex trafficking in Hawai'i were minimal. There were limitations noted about the existing evidence supporting the benefits

of a sustainable education program for health professionals regarding sex trafficking, primarily due to the lack of research previously done addressing this issue.

Conceptual Framework

Figure 1 is the Johns Hopkins Evidence-Based Practice (JHNEBP) model, developed by Robin Newhouse and colleagues in 2005, and was the conceptual framework that guided this DNP project.

PICO

The DNP project was developed to specifically address the following question: Will the implementation of an annual and/or regular education training module on sex trafficking for all Kahi Mohala health care professionals be a sustainable way to increase awareness and capability to identify, treat, and refer such victims?

Purpose/Goals/Aims

The purpose of this DNP project was to increase awareness of sex trafficking through regular education for healthcare professionals at Kahi Mohala. Specific objectives of the project included encouraging the use of screening tools, providing appropriate care to identify victims, and properly outsourcing these victims to organizations with experience treating sexually exploited youth. Currently there is no formal training program on the topic of sex trafficking for the Kahi Mohala staff; therefore, the DNP project developed, implemented, and evaluated a training program for the staff.

Methods and Procedures

Project Design

An optional self-study training module on human sex trafficking was implemented with a post-test completed to determine if there was a change in the staff's knowledge. Specifically, the

DNP student, Kahi Mohala's staff development coordinator, and experts on the topic of sex trafficking worked together to create a suitable training from a healthcare professional's standpoint that was used to identify, diagnose, treat and refer victims. Additionally, a sex trafficking screening tool/assessment (see appendix C) to be used by staff was introduced during this self-study module training and its use will be reinforced as part of the annual online training module.

Human Subjects Consideration

No institutional review board (IRB) was required for this DNP project because it was a quality improvement intervention for staff of Kahi Mohala. Having worked directly with the staff development coordinator, the senior leadership team and the compliance officer ensured that the ethical standards were upheld (Institutional Review Board, 2018).

Sampling Plan

The optional self-study training module was emailed to all direct patient care staff at Kahi Mohala campus. This resulted in a purposive sample size of 179 individuals.

Data Collection Procedures

Table 2 depicts the Process and Outcomes Measures (Appendix D) and a Gantt chart is provided as a visual overview of the project timeline (see Appendix E). The DNP project proposal presentation took place Tuesday July 31, 2018. Subsequently, the project's self-study module was created and then implemented in December 2018.

After the staff completed the self-study training module, post-tests were completed anonymously, submitted to the staff development coordinator, and then to the DNP student for aggregate data analysis. The goal was to have over 50% correct answers on all post-test responses. The DNP student-designed post-test that was used for data collection is provided in

Appendix F. Interviews were conducted with some staff throughout the weeks of the self-study module implementation to identify any perceived barriers to this approach to implementing the educational program. Data interpretation and program evaluation were completed comparing trends in the number of correct answers on the post-test with the results expressed in percentages.

The annual online training module will also be implemented through Kahi Mohala's intranet, pending approval by Sutter Health's administration. The unit managers and supervisors will conduct monthly chart audits to document the use of the screening tool and any future referrals to resources for victims of sex trafficking that are made (Refer to Table 2 Process and Outcomes Measures). However, the data collection and analysis for the next phase of online training will be dependent on Sutter Health's approval and is beyond the scope of this DNP project.

Evaluation

Implementation

The original project design was to conduct live staff trainings; however, an urgent need for the staff to have another in person training prevented the implementation of the DNP project's live training sessions. The DNP project's sex trafficking staff education was then translated into a non-mandatory self-study module consisting of a PowerPoint slide presentation. This module was sent to all staff that were involved in direct patient care. In addition, the dissemination of the module was done using staff email addresses and, only a post-test was sent along with the self-study module primarily to decrease the burden on the staff due to the unexpected in person mandatory training that had just taken place. The staff members that did complete the training module along with the post-test were credited with 30 minutes of

HealthStream education time (i.e., continuing education in the Sutter Health system), along with small food incentive.

Along with the 10 post-test questions about sex trafficking identification and treatment, two additional questions were asked to determine if the staff preferred live versus self-study modules and the amount of time required to complete the training (e.g. 10, 15, or 30minutes). Space for the employee's full name, employee ID number, and job title were also provided but the personal identifies were eliminated when the data were sent to the DNP student in order to facilitate un-biased analysis of the results and maintain respondents' confidentiality.

Results

The self-study staff training module was emailed to a total of 179 direct patient care staff with job titles that included registered nurses (RN), mental health specialists (MHS), case managers (CM), clinical therapists (CT), activities coordinators (AC), occupational therapists (OT), and call center staff ranging from full-time, part-time, and call-in employment. Thirty-two staff completed this non-mandatory training module and submitted their corresponding post-tests, providing a 17.9% return rate, see Table 4 in appendix H. The majority of the respondents were RNs (n=14) and MHSs (n=11), which was anticipated because these staff members are expected to be identifying, treating, and referring victims of sex trafficking, which was a goal of this project.

Analysis of the responses from the 32 post-tests that were received indicated that, for each of the questions addressing module content, 50% of the staff chose the correct answer. Due to questions 3 and 6 having multiple correct answers having the "select all that apply" option, the average correct selections were totaled then a percentage given reflecting that number. Looking at figure 3, the graph was populated using the percentage of correct responses

per question; this ranged from the lowest being 59.38% and the highest 100% correct responses. This indicates that the staff were able to translate what they learned through the self-study module and apply it to correctly respond to questions related to sex trafficking over 50% of the time. Question 5 asking "perpetrators can control trafficking victims by:" all staff answered correctly that "they hold their identification documents or passports". Moreover, a minimum of 90% of staff had the correct responses to 6 out of 9 questions asked on this post-test. Most responses to the question of how long the staff took to complete the module were left blank; majority of those that did answer this question stated 30 minutes.

The staff that were interviewed by the DNP student reported that they were able to learn more about exactly what sex trafficking entails and thus felt that they could apply the information they received to their clinical practices. The interviews confirmed that the staff did gain knowledge about awareness of sex trafficking and indicated that they intended to change practice as a result of this knowledge.

Discussion

The overarching goal of this DNP project, Sex Trafficking Education for Healthcare Professionals, was to increase health professionals' awareness of sex trafficking in order to have victims identified, treated and referred for specialized care. Kahi Mohala was the site for this as pilot for staff training using a self-study module. The intentions of this project were to have a mandatory in person staff training while supplementing the education of the staff annually with continued online trainings; however, due to unforeseen circumstances, the initial in person education of staff had to be adapted for a self-study module and disseminated through email.

The expected number of educated staff was small because the training was not mandatory and due to the online module format. Despite these factors, 32 of 179 staff (17.8%) completed

the module and post-test (see appendix I), and the results of the post-test and interviews indicated that they did gain knowledge. Although the lowest correct answer score by the staff was 59% (question 1), 90% of the staff had correct answers for 6 out of 9 questions. In addition, the staff included comments in the post-test indicating that they had "enjoyed and learned much about this topic" and that they also preferred the self-study module option. Further evaluation of overall sex trafficking awareness will be monitored as part of annual mandatory online training modules set up through Kahi Mohala's HealthStream. At this time, the expected outcome of these trainings is for staff to demonstrate a pass rate of 80% on the post-test.

This DNP project has prompted Kahi Mohala's leadership team to seek outside resources such as the non-profit organization Hoʻola Na Pua, which has expertise in mentoring and providing non-traumatic care to youth who have experienced sex trafficking. Outside resources will also be utilized to help train other Kahi Mohala staff, as well as facilitate patient care services directed to the needs of those who have been victims to sex trafficking.

This pilot training has also received attention from other hospitals in the State who have encountered a surge of victims of sex trafficking in order to tailor staff training programs for their units similar to this DNP project.

Challenges and Limitations

The project encountered some technical difficulties in terms of the post-test development and delivery. Specifically, it was determined that the staff was unable to both answer question 5 and question 8 on the same post-test. In order to address this so that responses for all questions on the post-test could be obtained, the staff were instructed to enter their responses to those questions by entering these in the space provided in the "comments" box (question 10). As a result, the post-tests submitted had responses to all of the questions and could be analyzed.

The dissemination of this self-study module being through email and also being an optional training produced a smaller sample size than anticipated. Thus, the application of this DNP project's results are limited to those staff that completed the module and cannot be assumed that the finding apply to other Kahi Mohala staff. In addition, the design and implementation of the mandatory annual online module about sex trafficking for Kahi Mohala staff may need to be revised for other healthcare organizations who are also interested in implementing this particular type of staff education training, especially for those agencies that prefer in person trainings for staff.

Conclusion

Due to the limited evidence about other sex trafficking education programs in Hawai‘i, this DNP project's foundation was built from an extensive review of the literature focusing on sex trafficking as well as in-person interviews with sex trafficking experts in Hawai‘i. The implementation of the sex trafficking self-study module was distributed to the staff providing direct patient care at Kahi Mohala's with 32/179 (17.8%) responding to the post-test. The results from the post-test indicated an increase in staff's awareness of how to identify, treat, and appropriately refer victims of sex trafficking. The content of the module will be updated annually and be part of mandatory annual Kahi Mohala staff education. In addition, several other health organizations in the State of Hawai‘i are interested in using the content of the module.

The results of this quality improvement project was disseminated through a final PowerPoint presentation for University of Hawai‘i at Mānoa School of Nursing and Dental Hygiene on April 1, 2019 and also at the *16th Hawai`i International Summit on Preventing, Assessing and Treating Trauma Across the Lifespan* taking place April 26, 2019 at Hawai`i

Convention Center in Honolulu, Hawai'i. Finally, the process and completion of this quality improvement project demonstrates the DNP student's understanding and application of the key elements of the American Association of Colleges of Nursing Essentials of Doctoral Education for Advanced Nursing Practice (2006) (see Appendix K).

References

Arch of Hope for Children. (2017). *What are the statistics on human trafficking of children?* Retrieved from http://arkofhopeforchildren.org/child-trafficking/child-traffikcing-statistics

Ahn, R., Alpert, E., Purcell, G., Konstantopoulos, W., McGahan, A., Cafferty, E., Burke, T. (2013). Human trafficking review of educational resources for health professionals. *American Journal of Preventive Medicine*, *44(3)*. doi:https://doi.org/10.1016/j.amepre.2012.10.025

Bespalova, N., Morgan, J., & Coverdale, J. (2016). A pathway to freedom: An evaluation of screening tools for the identification of trafficking victims. *Academic Psychiatry, 40*(1), 124-128. doi:10.1007/s40596-014-0245-1

Crow, J. (n.d.). *Kahi Mohala Services*. Retrieved from http://www.kahimohala.org/svcs/index.html

Dovydaitis, T. (2010). Human trafficking: The role of the health care provider. *Journal of Midwifery & Women's Health*, *55*(5), 462-467. doi:10.1016/j.jmwh.2009.12.017

Farrell, A., & Fahy, S. (2009). The problem of human trafficking in the U.S.: Public frames and policy responses. *Journal of Criminal Justice*, *37*(6), 617-626. doi:10.1016/j.jcrimjus.2009.09.010

Gibbs, D, Walters, H., Lutnick, J., Miller, A., & Kluckman, S. (2015). Services to domestic minor victims of sex trafficking: Opportunities for engagement and support. *Children and Youth Services Review*, *54*. 10.1016/j.childyouth.2015.04.003.

Gibbons, P., & Stoklosa, H. (2016). Identification and treatment of human trafficking victims in the emergency department: A case report. *The Journal of Emergency Medicine, 50*(5), 715-719. doi:10.1016/j.jemermed.2016.01.004

Grade Definitions. (n.d.). Retrieved from https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions

Greenbaum, J., & Crawford-Jakubiak, J. E. (2015). Child sex trafficking and commercial sexual exploitation: Health care needs of victims. *Pediatrics*, *135*(3), 566-574. doi:10.1542/peds.2014-4138

Greenbaum, V. J., Dodd, M., & Mccracken, C. (2015). A short screening tool to identify victims of child sex trafficking in the health care setting. *Pediatric Emergency Care*, *34*(1), 33-37. doi:10.1097/pec.0000000000000602

Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., Oram, S. (2016). Responding to the health needs of survivors of human trafficking: A systematic review. *BMC Health Services Research*, *16*(320). doi:10.1186/s12913-016-1538-8

Hornor, G., & Sherfield, J. (2018). Commercial sexual exploitation of children: health care use and case characteristics. *Journal of Pediatric Health Care*. Doi:10.1016/j.pedhc.2017.11.004

Institutional Review Board. (2018). Retrieved from https://www.niehs.nih.gov/about/boards/irb/index.cfm

International Justice Mission. (2016). *Sex trafficking*. Retrieved from https://www.ijm.org.sex-trafficking

Lee, M. C., Johnson, K. L., Newhouse, R. P., & Warren, J. I. (2013). Evidence-based practice process quality assessment: EPQA guidelines. *Worldviews on Evidence-Based Nursing, 10*(3), 140-149. Doi:10.1111/j.1741-6787.2012.00264.x

Mcmahon-Howard, J., & Reimers, B. (2013). An evaluation of a child welfare training program on the commercial sexual exploitation of children (CSEC). *Evaluation and Program Planning*, *40*, 1-9. doi:10.1016/j.evalprogplan.2013.04.002

Melnyk, B. M. (2011). *Evidence-based practice in nursing & healthcare: a guide to best practice* (2nd ed.). Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.

Miller, C. L. (2013). Child sex trafficking in the emergency department: Opportunities and challenges. *Journal of Emergency Nursing*, *39*(5), 477-478. doi:10.1016/j.jen.2013.06.004

Mumma, B., Scofield, M., Mendoza, L., Toofan, Y., Youngyunpipatkul, J., & Hernandez, B. p2017). Screening for victims of sex trafficking in the emergency department: A pilot Program. *Western Journal of Emergency Medicine*, *18*(4), 616-620. doi:10.5811/westjem.2017.2.31924

Newhouse, R., Dearholt, S., Poe, S., Pugh, L. C., & White, K. M. (2005). Evidence-based practice: A practical approach to implementation. *Journal of Nursing Administration, 35*(1), 35-40.

Peters, K. (2013). The growing business of human trafficking and the power of emergency nurses to stop it. *Journal of Emergency Nursing*, *39*(3), 280-288. doi:10.1016/j.jen.2012.03.017

Riker, M. (2015). *Selling sex in paradise*. IMUAlliance. Retrieved from http://www.imuaalliance.org/home.html

Stoklosa, H., MacGibbon, M., & Stoklosa, J. (2017). Human trafficking, mental illness, and addiction: Avoiding diagnostic overshadowing. *The AMA Journal of Ethics*, *19*(1), 23-34. doi:10.1001/journalofethics.2017.19.1.ecas3-1701

Thorn. (2017). *Child sex trafficking statistics*. Retrieved from https://www.wearethorn.org/child-trafficking-statistics/

Titchen, K. E., Loo, D., Berdan, E., Rysavy, M. B., Ng, J. J., & Sharif, I. (2017). Domestic sex trafficking of minors: Medical student and physician awareness. *Journal of Pediatric and Adolescent Gynecology*, *30*(1), 102-108. doi:10.1016/j.jpag.2015.05.006

Twigg, N. M. (2017). Comprehensive care model for sex trafficking survivors. *Journal of Nursing Scholarship*, 49(3), 259-266. doi:10.1111/jnu.12285

Wong, J. C., Hong, J., Leung, P., Yin, P., & Stewart, D. E. (2011). Human trafficking: an evaluation of Canadian medical students' awareness and attitudes. *Education for Health: Change In Learning & Practice (Medknow Publications & Media Pvt. Ltd.), 24*(1), p10.

Appendix A

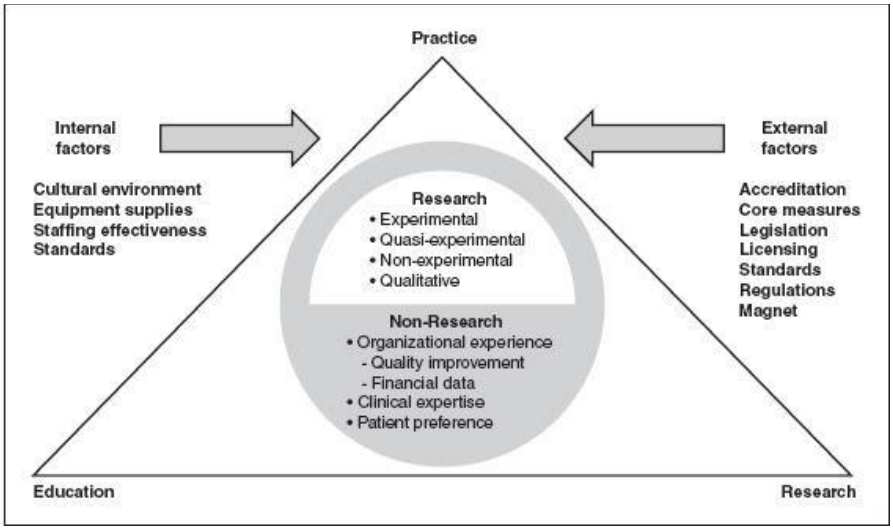

Figure 1: Johns Hopkins Evidence-Based Practice Model

Appendix B

Literature Review Subconcepts

Sex trafficking. As researchers further identify the magnitude of CSEC, there is a direct correlation of increasing sex trafficked individuals and the healthcare needs for the victims (Greenbaum & Crawford-Jakubiak, 2015). The realization that these youth need to be seen as a victim instead of a criminal is something to be emphasized. Jurisdictions hinder the appropriate treatment of these victims due to misidentification (Greenbaum & Crawford-Jakubiak, 2015).

Sex trafficking in the emergency department (ED). Four of the articles used for this DNP project allude to healthcare providers in the ED being the frontline for sex trafficking identification (Hachey & Philippi, 2017; Miller, 2013; Mumma et al., 2017; Peters, 2013). Emergency nurses, advanced practice registered nurses (APRN), aides, and other staff working in the emergency department (ED) are in a strategic position to intervene, recognize, and appropriately refer this population (Miller, 2013). The barrier to advocating and understanding those who are sex trafficked can and will be broken by something as simple as a screening in the ED (Mumma et al., 2017; Peters, 2013;). Therefore, those working in the ED should educate themselves with relevant and appropriate training, and clinical judgment (Hachey & Philippi, 2017).

Mental health and sex trafficking. As with any other medical issue, sex trafficking can have a lasting effect on a victim. Researchers examined the role of bias in trafficked patients with addiction and mental illness also taking into account a trauma-informed, multidisciplinary response to such victims. Learning and using state-specific mandates for reporting these victims assists in providing safe and appropriate care (Stoklosa, H., MacGibbon, & Stoklosa, J., 2017).

Screening. Approximately 80% of potential and current healthcare providers who were voluntarily surveyed, lacked knowledge of the scope of the sex trafficking situation (Titchen et al., 2017). Screening and assessment tools are necessary in the training as well as in practice, to guide healthcare professionals to appropriately identify sex trafficked victims; some as simple as incorporating a single question into the intake assessment (Ahn et al., 2013; Bespalova, Morgan, & Coverdale, 2016; Dovydaitis, 2010; Fraley and Aronowitz, 2017; Greenbaum, Dodd, & McCracken, C., 2015; Wong, Hong, Leung, Yin., & Stewart., 2011;).

Interventions for sex trafficked victims. Gibbs, Hardison, Lutnick, Miller, & Kluckman (2015) and Twigg (2016) discussed aftercare services for sex trafficked victims as addressing the survivors' post-trafficking needs while having a framework for further referral care. Aspects such as education re-entry, family reunification, family reconciliation, and emergency substance use services are suggested (Twigg, 2016). Coordination between healthcare provider and referral organizations is a crucial factor in a sex trafficking victim's overall care (Hemmings et. al, 2016).

Appendix C

SEX TRAFFICKING ASSESSMENT – Have you ever:			
Given sex for something you needed (food, drugs, etc)?			
Been asked by a partner or family member to perform sexual acts in order to "help the family"?			
Been controlled/supervised/monitored, or had pictures taken of you, while performing sexual acts?			*Where? What was it used for? Was it posted online?*
Been threatened with harm (to self or others) if you did not perform sexual acts or use drugs?			
CHILD/ADOLESCENT ASSESSMENT ☐ **Not Applicable**			

Appendix D

Table 1

Process and Outcomes Measures

Who	What	Data Collection Point	Instruments
Process Measures			
DNP Student	Knowledge pre-implementation	Before training	Investigator-designed tool
DNP Student	Knowledge post-implementation	Immediately after training and annually following online training	Investigator-designed tool
DNP Student	Barriers to implementation	Immediately post-implementation	Interview
DNP Student and Staff Development Coordinator	Compliance with practice change	annually	Employee training completion certification
Outcome Measures			
DNP Student and Unit Managers	Proper patient identification and screening tool use	Monthly	Unit-specific measures and chart audits
DNP Student and Unit Managers	Number of referrals	Monthly	Unit-specific measures and chart audits

Appendix E

Sustainable Sex Trafficking Education for Healthcare Professionals

Chanel Paresa

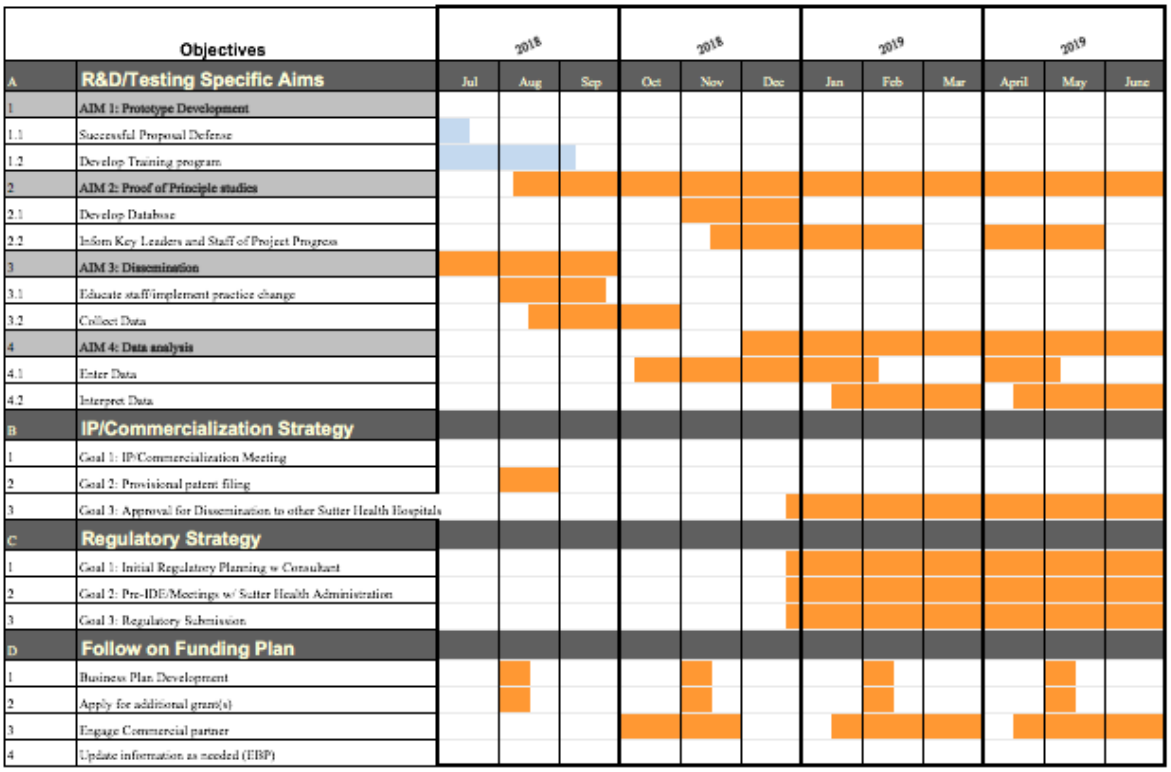

Figure 2: Gantt Chart depicting timeline of DNP project

Appendix F

Pre- and Post-Test Survey

1. When I think of the term 'trafficking in persons': (Please select one)

a. I'm not sure what this means.

b. The definition is confusing and unclear to me.

c. I'm not sure about the difference between trafficking and forced migration.

d. I think of trafficking in persons as synonymous with smuggling.

e. I understand the phrase describes the act.

2. Sex trafficking is defined as: (Please select one)

a. A commercial sex act with a person who is not yet age 18

b. The recruitment of a person for labor or services

c. A commercial sex act that does not include the use of force, fraud or coercion

d. The harboring or transporting of a person for the purpose of involuntary servitude

3. Which of the following are signs of Sex Trafficking of Minors? (Circle all that apply)

burn marks/bruises	unexplained absences	withdrawn/depressed
sudden increase in money	new tattoo/branding	second cell phone
older boyfriend	expensive clothes/accessories	

4. Who is at risk for Sex Trafficking? (Circle your response(s))

Only Girls	Only Boys	LGBTQ Community

Runaways Older Teens All Youth

5. Perpetrators can control trafficking victims by:

a. They give them money

b. They hold their identification documents or passports

c. They make them work in the same geographic area consistently

d. They tell them about the type of work they will be doing

6. Once victims find themselves in the middle of the trafficking process (check all that apply):

a. It is easy to control it and escape when they choose to do so.

b. They experiences lack of control over movement.

c. They are treated kindly and with respect.

d. Their personal belongings, passport and money are seized.

e. In most cases, they experience mental abuse.

f. More than half of the victims are sexually abused by their traffickers/exploiters or the traffickers/exploiters' friends.

g. They are often forced to live in shared accommodations with poor hygienic conditions and limited access to food.

h. They are often kept locked in their accommodations during the day and are forced into prostitution at night.

i. They are never forced to have unprotected sex with clients.

j. They are almost never physically abused.

7. Where does sex trafficking occur? (Circle all that apply)

Hawai‘i Mainland Europe Thailand Everywhere

8. The 3-Step approach for staff to utilize in combating human trafficking is Identify, Interact, Assist

a. True

b. False

9. Human trafficking victims display physical signs of abuse only.

a. True

b. False

10. Comments, questions, or suggestions?

Appendix G

Table 2

Logic Model

Goal 1: In 6 months, create and pilot a sex trafficking education program tailored to healthcare professionals to increase awareness, identification, and referral of sex trafficking victims.						
Objectives	**Activities**	**Inputs/Resources**	**Outputs**	**Outcomes**	**Indicator/Data Source**	**Evaluation Questions**
1.1 Develop a sex trafficking education curriculum for healthcare professional within 3 months	1.1.1 Identify/research other successful staff training programs 1.1.2 Identify prominent stakeholders and sponsors (defining roles and responsibilities) 1.1.3 create a feasible timeline within the 3 months that works with content expert 1.1.4 outside referral resources identified 1.1.5 pilot the curriculum (dates chosen for dissemination)	- Staff including physicians, RNs, therapists, mental health specialists, and those administrative staff with patient contact - Cost of training facility, materials (printed handouts, computers, projector) - time spent on developing the curriculum - food provided at presentation	1.1.1 final sex trafficking education curriculum 1.1.2 finalized pre- and post-test questionnaire 1.1.3 outside referral resources relationships	1.1.1 buy-in from all stakeholders 1.1.2 sex trafficking education curriculum approved 1.1.3 post-test questionnaire approved for use 1.1.4 method for training dissemination 1.1.5 Continuing education credits and food incentive approved	- approval to disseminate sex trafficking curriculum and questionnaires	<u>Process Questions</u> - How many staff received training (participation in self-study moduel and completed the online module)? - What activities were offered during and after the presentation (post-test)? - Were staff interviews conducted

1.2 90% of healthcare professionals will demonstrate an increase in awareness of sex trafficking and identification of victims immediately after education program as measured by a pre/post test	1.2.1 presentation (PowerPoint) to healthcare professionals 1.2.2 = post-test questionnaire given and taken by healthcare professionals 1.2.3 data collected and compiled from post-test	- time spent disseminating presentation - time staff spends on completing post-tests - permission of administration to utilize intranet for training purposes	1.2.1 number of emails sent 1.2.2 number of staff trained 1.2.3 post-test data compiled as statistics	1.2.1 By the end of the PowerPoint presentation, staff will have an increase knowledge and awareness of sex trafficking 1.2.2 change any preconceived attitudes about these victims to focus on assisting them with no bias 1.2.3 planning skills and outside referral resources introduced and utilized 1.2.4 healthcare professional staff are more knowledgeable about sex trafficking indicated by post-test statistics	- healthcare professionals demonstrate accurate assessment details (identification) of potential victims - more sex trafficked victims identified and referred appropriately (compared to no current data of such) - current data complied of sex trafficked or at risk patients including demographics	<u>Outcome Questions</u> - Did staff respond well to a sefl-study module? - Did all staff participate? - Did all staff complete the pre- and post-test? - Were the information collected (pre-post-test) useful? - Were the outcomes due to my intervention versus outside information staff obtained on their own? - Were there any barriers to implementing my presentation and online module? - Were costs for food provided during training within budget? - Was the intervention done within 6 month time frame? - Were screening tools and outside referral resources utilized as a result of this training? - Is this training sustainable? - Does this training increase overall awareness of sex trafficking?

Appendix H

Table 3

Evaluation Plan

Evaluation Question	Evaluation Method	Type of Data Collected	Variable(s)	Level of Measurement	Analysis	Person(s) Responsible	Timeline (When)
Process Question: *Was the intervention and data collection done within the 6month time frame? Were costs within budget?*	Observation: staff attendance Document review: timeline and budgets	Completion time/date of trainings, documents of associated costs	Dependent/ outcome variable	Categorical/ nominal	Univariate	DNP student, content expert/staff development coordinator, finance department	At end of training
Process Question: *Did all staff participate? Was there bias from outside resources such as other sex trafficking advocate groups?*	Observation: staff attendance Focus group: staff agree with outside referrals	Number completed, verbalization/comments of any preconceived notions	Dependent/ outcome variable Moderating variable	Categorical/ nominal Descriptive	Univariate Qualitative	Mental health specialists, registered nurses, clinical therapists, managers, physicians	During and after training
Impact Question: *Did staff respond well to suggested screening tool use? Were appropriate referrals identified?*	Observation: use of screening tools and referrals made Survey: staff comments/opinions	Completed screening tools for treatment team meetings, continuing care for victims	Outcome variable Predictor variable	Ordinal	Univariate	Mental health specialists, registered nurses, clinical therapists, managers, physicians	During and after training

Outcome Question: *Did all staff complete training with post-test? Was the data collected appropriately reflected?*	Observation: completed components of training Document review: data showed increase in awareness	Number completed training modules and post-tests	Dependent/ outcome variable	Categorical/ Nominal Descriptive statistics	Dependent T-test (when comparing pre/post test results)	Mental health specialists, registered nurses, clinical therapists, managers, physicians, DNP student, content expert/staff development coordinator	At the end of training
Outcome Question: *Was the presentation and training effective? Was there an overall increase in awareness of sex trafficking? Was the data collected useful?*	Survey: assess knowledge of staff, total count of increase in knowledge Interview: staff opinions of intervention, clarification of what can be improved	Staff comments/opinions, staff utilization of knowledge on patients by increase in identification of sex trafficked victims and thus outside referrals, post-tests	Dependent/ outcome variable Outcome variable	Categorical Descriptive	Qualitative and Univariate	Patients/families, managers, physicians, DNP student, content expert/staff development coordinator, administrative staff	At the end of training

Appendix I

Table 4

Number of Staff Responses by Job Title

	Job Title	
	RN	*14*
	MHS	*11*
	CM	*2*
	CT	*2*
	CC	*2*
	AC	*1*
total		*32*

Appendix J

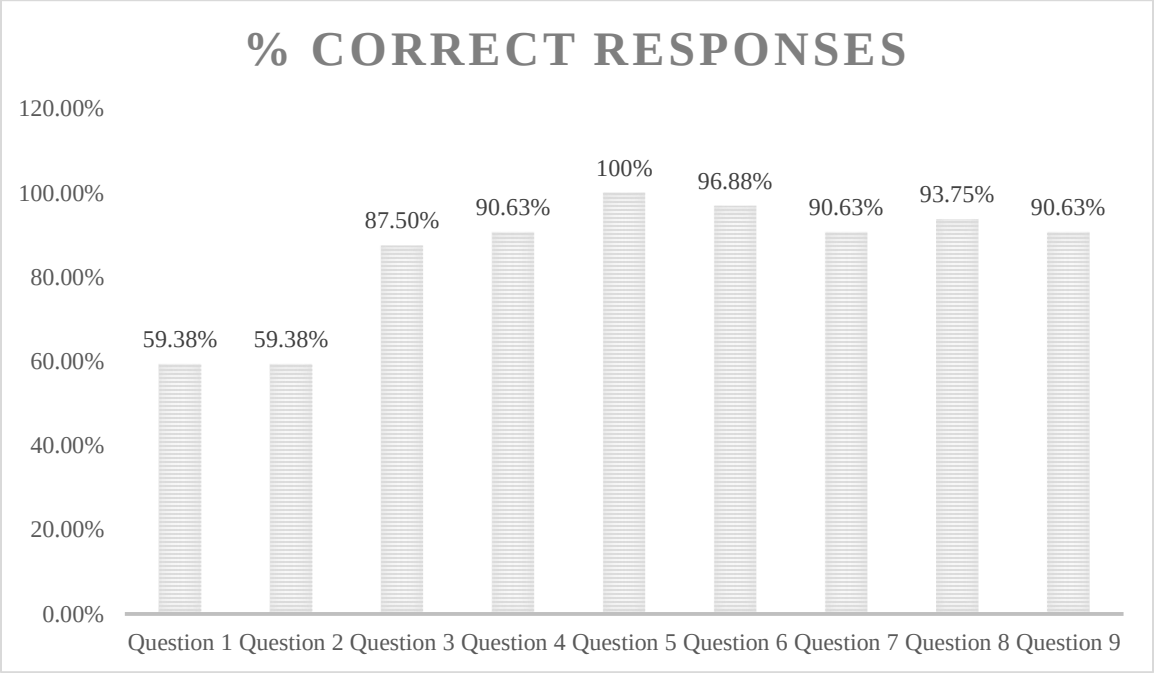

Figure 3: Graph depicting percentage of correct responses

Appendix K

Table 5

Key elements of the American Association of Colleges of Nursing Essentials of Doctoral Education for Advanced Nursing Practice

DNP Essential	DNP Student Activities
I. Scientific Underpinnings for Practice	• Courses completed- EBP: NURS730, Program Evaluation: NURS 746, Translation Science: NURS761, DNP Project: NURS776, Informatics: ICS614, Bioethics: LAW532, Economics: NURS768, Health Policy: POL670 • Review of literature • Clinical application experience
II. Organizational and Systems Leadership	• Courses completed- EBP: NURS730, Leadership: NURS 750, Translation Science: NURS761, DNP Project: NURS776, Bioethics: LAW532, Economics: NURS768, Health Policy: POL670 • Review of literature • Advocate for sex trafficking education at Kahi Mohala • Networking with various sex trafficking organizations
III. Clinical Scholarship and Analytical Methods for EBP	• Courses completed- EBP: NURS730, Program Evaluation: NURS 746, DNP Project: NURS776, Informatics: ICS614, Bioethics: LAW532 • Review of literature • Worked with Kahi Mohala's senior leadership team and committee members to integrate sex trafficking education training relevant to the organization's goals and community needs
IV. Information System / Technology	• Courses completed- Program Evaluation: NURS 746, Leadership: NURS 750, DNP Project: NURS776, Informatics: ICS614, Bioethics: LAW532 • Review of literature • Worked with Kahi Mohala's staff development coordinator to achieve the appropriate staff education tool

V. Health Care Policy for Advocacy in Health Care	• Courses completed- Leadership: NURS750, Bioethics: LAW532, Economics: NURS768, DNP Project NURS776, Health Policy: POL670 • Review of literature • Research of Hawai‘i mandated reporting and internal Sutter Health policies pertaining to sex trafficking
VI. Interprofessional Collaboration	• Courses completed- EBP: NURS730, Leadership: NURS 750, Translation Science NURS761, DNP Project: NURS776, Economics: NURS768, Health Policy: POL670 • Review of literature • Collaborating with interdisciplinary staff and educators to effectively lead this staff education
VII. Clinical Prevention and Population Health	• Courses completed- EBP: NURS730, Leadership: NURS 746, Translation Science: NURS761, DNP Project: NURS776, Informatics: ICS614, Bioethics: LAW532,Economics: NURS768, health Policy: POL670 • Review of literature • Conduct sex trafficking education based on populations specific to Hawai‘i
VIII. Advanced Nursing Practice	• Courses completed- EBP: NURS730, Program Evaluation: NURS 746, Leadership: NURS750, Translation Science: NURS761, DNP Project: NURS776, Informatics: ICS614, Bioethics: LAW532, Economics: NURS768, Health Policy: POL670 • Review of literature • Adapt designs and EBP from clinical experiences and use as an adjunct to coursework